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CHAPTER III  
RECIPIENT ELIGIBILITY

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## CHAPTER III

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## **CHAPTER III RECIPIENT ELIGIBILITY**

### **DETERMINING ELIGIBILITY**

Eligibility determinations are made by local departments of social services. Inquiries from persons who wish to apply for medical assistance should be referred to the local department of social services in the locality in which the applicant resides. DMAS will not pay providers for services, supplies, or equipment until eligibility has been finally determined. (See "Assistance to Patients Possibly Eligible for Benefits.")

To be eligible for full Medicaid benefits, an individual must be a resident of Virginia and a U.S. citizen or an alien qualified for full benefits. Aliens who do not qualify for full Medicaid benefits due to their alien status may be eligible for Medicaid coverage of emergency services if they meet all other Medicaid eligibility requirements. Recipients are eligible either as "categorically needy," "medically needy," or "medically indigent."

#### **Emergency Medicaid Services for Aliens**

Local departments of social services determine the eligibility for receipt of emergency Medicaid coverage based on regular eligibility criteria and the documentation from the provider of services that the emergency services were provided. Referrals to the local department of social services may come from the provider or from the alien. (See Chapter I for information on the covered services and the coverage criteria.)

The documentation of the emergency treatment will be verified by the local department of social services through the patient's medical record obtained from the provider, e.g., labor and delivery is defined as an emergency service. This documentation must include all required Medicaid forms and a copy of the recipient's complete medical record. (For inpatient hospital stays, this documentation will be the medical record for the entire hospitalization up to the 21-day limit for those over age 20.) The local department of social services will submit this documentation to Medicaid for approval of the coverage of treatment and for establishment of the time for which this coverage will be valid.

If the recipient is found eligible and the emergency coverage is approved by Medicaid, each provider rendering the emergency care will be notified via the Emergency Medical Certification Form of the recipient's temporary eligibility number for coverage of the treatment of the conditions during the time stated on this form. This form will also be used to notify providers if an alien is not eligible for emergency care. (See "Exhibits" at the end of this chapter for a sample of this form.)

#### **Categorically Needy**

Categorically needy individuals may be eligible if they fall into one of the following categories:

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- Aged (eligible for Supplemental Security Income)
- Blind (eligible for Supplemental Security Income)
- Disabled (eligible for Supplemental Security Income)
- Temporary Assistance to Needy Families recipients (TANF)
- Auxiliary Grants recipients (AG)
- Hospice recipients (Effective July 1, 1993)
- Newborns up to age one year whose mothers are eligible for and receiving Medicaid or would be eligible if they were pregnant
- Low-Income Families with Children
- Aged, Blind and Disabled Individuals who have a protected status
- Children under age 21 in the care of public or private child caring agencies
- Children under age 21 in nursing facilities or ICF-MR
- Children under age 21 in subsidized adoptions
- Individuals eligible for TANF or SSI but not receiving it
- Individuals who would be eligible for SSI or TANF except for a reason prohibited under Title XIX
- Individuals in long-term care institutions with income under a special income cap
- Individuals receiving services under a home and community-based care waiver with income under a special income cap

### Medically Indigent

Individuals considered as "Medically Indigent" include:

1. Pregnant Women with income up to 133% of the Federal Poverty Guidelines. A medically indigent pregnant woman remains in that classification until the end of the 60-day postpartum period.
2. Children under age six whose parents' income is within 133% of the Federal Poverty Guidelines. Infants remain eligible for Medicaid up to their first birthday as long as the mother is Medicaid-eligible or would be eligible if pregnant. Infants and children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.

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3. Children who have attained six years of age but who have not attained nineteen years of age with income up to 100% of the Federal Poverty Guidelines. Children in this classification who are receiving inpatient services on the date they reach the maximum age for coverage as medically indigent will continue to be eligible for inpatient services until the end of the stay for which the inpatient services are furnished.
4. Qualified Medicare Beneficiaries (QMBs) with income up to 100% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of Medicare premiums, deductibles, and coinsurance only.
5. Qualified Medicare Beneficiaries—EXTENDED- (QMB-DUALLY ELIGIBLE)- with income up to the Medicaid income limits. This group is eligible for Medicaid coverage of premiums, deductibles, and coinsurance plus all other Medicaid-covered services.
6. Qualified Disabled and Working Individuals with income up to 200% of the Federal Poverty Guidelines. This group is eligible for Medicaid payment of the Medicare Part A premiums only.
7. Special Low-Income Medicare Beneficiaries (SLMB)—with income up to 120% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only.
8. Qualified Individuals-1 (QI-1)—with income equal to or greater than 120% but less than 135% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the Medicare Part B premium only. Medicaid coverage for this group is not an individual entitlement.
9. Qualified Individuals-2 (QI-2)—with income equal to or greater than 135% but less than 175% of the Federal Poverty Guidelines. This group is eligible for Medicaid coverage of the portion of the Medicare Part B premium that is attributable to the cost of transferring coverage of Home Health services to Medicare Part B from Medicare Part A. Medicaid coverage for this group is not an individual entitlement.

#### Medically Needy

Medically needy recipients generally meet all the eligibility requirements for categorically needy coverage, except that their income exceeds the categorically needy limits. Medically needy recipients are eligible if they fall into the following categories and have income and resources within the medically needy limits:

- Aged
- Blind
- Disabled

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- Individuals who received Medicaid in December, 1973 as AB/APTD-related Medically Needy and who continue to meet the December 1973 eligibility requirements
- Pregnant women
- Low-Income children under age eighteen
- Newborn children up to age one if the mother is eligible for Medicaid or would be eligible if she were pregnant
- Children under age 21 in nursing care facilities or ICF-MR
- Children in subsidized adoptions
- Children under age 21 in the care of public or private child-caring agencies

Even if a Medicaid applicant's income is over the Medicaid limit, that applicant may become eligible for a limited period of Medicaid coverage if all other eligibility factors are met. This is called a "spenddown." The applicant's medical expenses must equal or exceed the difference between his or her income and the Medicaid income limit. If the allowable medical expenses of the applicant equal this spenddown amount before the end of a budget period (six-month period for non-institutionalized individuals or a one month period for institutionalized individuals), the applicant may receive a limited period of Medicaid coverage which will stop at the end of the budget period. Eligibility must be redetermined in order to establish eligibility in subsequent budget periods.

#### Medicaid Eligibility for Institutionalized Individuals

Medicaid policies regarding the eligibility of institutionalized individuals allow a different method of determining income and resource eligibility and computing post eligibility income for situations where an institutionalized individual has a community spouse.

The institutionalized individual is defined as one who is an inpatient in a medical institution or nursing facility or one who receives home and community-based care waiver services such as personal care, adult day health, or respite care. The institutionalized individual's spouse at home is referred to as the community spouse. The community spouse will be able to keep a specified amount of income and resources to enable the community spouse to continue to meet maintenance needs in the community (e.g., mortgage amounts and utility costs). The institutionalized spouse will be allowed to transfer a certain amount of resources to the community spouse without penalty according to the determination made by the local social services department.

Prior to applying for Medicaid, the institutionalized individual or the community spouse can request a resource assessment. The local department of social services completes the Resource Assessment document which produces a compilation of a couple's combined countable resources at the time one spouse becomes institutionalized and a calculation of a spousal share.

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The resource assessment is available only to married persons institutionalized or receiving home and community-based care for a continuous period that began on or after September 30, 1989. The resource assessment does not have to be a part of a Medicaid application.

## **RECIPIENT ELIGIBILITY CARD**

An eligibility card is issued to recipients to present to participating providers. The provider is obligated to determine that the person to whom care or service is being rendered is the same individual listed on the eligibility card. The provider has the responsibility to request such identification as he or she deems necessary.

Eligibility for Medicaid benefits can be readily determined by using information obtained from the patient's Medicaid eligibility card. Samples of eligibility cards are included under "Exhibits" at the end of this chapter. Please note the back of the card contains a variety of important and useful information.

The eligibility card contains the following information:

### **Period of Eligibility**

Dates of eligibility are printed on the recipient's eligibility card as Begin Date and Last Day of the Month.

The provider must determine if the service is within the dates of eligibility. Benefits are available only for services performed during the indicated period of eligibility. These dates must be checked prior to rendering any service.

**Note: Medicaid will not pay for care or services rendered before the beginning date or after the end date.**

### **Name(s) of Eligible Person(s)**

An eligibility card is issued to each person or Medicaid family unit, listing the names and eligibility numbers of all Medicaid-eligible individuals within that family unit.

### **Recipient's Eligibility Number**

The recipient's complete eligibility number is found in two parts on the eligibility card. The first nine digits are found in the Case Identification Number block. The last three digits are found in the Recipient Identification Number block.

**To fulfill the requirements of claims processing, it is essential that all 12 digits be entered on the Medicaid forms.**

### **Special Indicator Code (SI)**

The Special Indicator Code (SI) in the recipient information portion of the card indicates the status of copayments or eligibility for certain additional services. These codes are:



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<u>Code</u>	<u>Message</u>
A	Under 21 - No copay exists.
B	Individuals Receiving Long-Term Care Services or Hospice Care - No copay is required for any service.
C	All Other Recipients - Copays apply for inpatient hospital admissions, outpatient hospital clinic visits, clinic visits, physician office visits, other physician visits, eye examinations, prescriptions, home health visits, and rehabilitation service visits.

**Pregnancy-related services or family planning clinic visits, drugs, and supplies are exempt from copays for all recipients.** No copayments apply for any emergency services for any recipient, except for pharmacy for which there are no emergency exceptions unless the recipient participates in the Client Medical Management Program (see page 7, "Primary Care Providers for Client Medical Management Program).

The Special Indicator Codes are also on the back of the card for easy reference.

#### Date of Birth

The date of birth indicates the recipient's age and identifies eligibility for those services with age restrictions, such as dental care for recipients under 21 years of age. The date of birth should be checked prior to rendering any services.

#### Sex

The recipient's gender is indicated on the card.

#### Insurance Information Section

The Insurance Information Section of the Medicaid card indicates in more detail any type of insurance coverage the recipient has in addition to Medicaid. This information includes specific insurance companies, dates of coverage, policy numbers, and a code that specifies the particular type of coverage of the policy. These items are:

**Carrier Code**                      A three-digit code indicating the name of the insurance carrier, e.g., 001 for Medicare (See Insurance Company Code List for these code numbers in "EXHIBITS" at the end of this chapter.) If the carrier code is 003 (not listed), call the recipient's local eligibility worker for assistance in obtaining the name of the insurance carrier.

**ID Number**                      The last three digits of the recipient's Medicaid ID number

**Begin Date**                      The first date on which this insurance policy was effective

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**Type Code**                      An alpha character describing the type of coverage provided by the policy, such as a "T" for dental coverage. (See the Type of Coverage Code List under "EXHIBITS" at the end of this chapter for a list of these codes.)

**Policy Number/  
Medicare Code**              The specific policy or Medicare number for the insurance identified by the Carrier Code

Listed will only be insurance information for active policies during the period for which the card is issued. If there is no insurance, the insurance information portion of the card will be left blank. Otherwise, up to five different policies may be indicated for each recipient. If the patient reports insurance information different from what is on the card, refer the patient to his or her local department of social services worker to correct the data so bills will process correctly.

The majority of insurance carriers which provide pharmacy coverage require the subscriber to bill for reimbursement and preclude direct billing by the pharmacy. Only insurance covering durable medical equipment must be billed directly by the pharmacy.

Under the assignment of benefits regulations, DMAS can act on behalf of the recipient (subscriber) and recover third-party payment from the primary carrier.

Workers' Compensation and other liability insurances (e.g., automobile liability insurance or home accident insurance) are always considered as primary carriers for cases where coverage is applicable to the injury being treated. Because the recipient's eligibility card cannot indicate this coverage, it is necessary that cause-of-injury information be obtained from the patient.

#### Primary Care Providers for Client Medical Management Program

Some eligibility cards list designated primary care providers (physician and/or pharmacy) by name and Medicaid provider identification number. A primary care designation or restriction is imposed by the Recipient Monitoring Unit of DMAS as a result of high utilization of services by the recipient causing unnecessary or duplicate services. The designated providers must agree to the relationship prior to the designation appearing on the recipient's card. Unless it is an emergency, do not provide services without contacting the primary care provider first for authorization.

#### Medallion PCP

Some eligibility cards designate a PCP under the Medallion I program. Other medical professionals must have a referral from the PCP before rendering services.

### **VERIFICATION OF RECIPIENT ELIGIBILITY**

A new eligibility card is sent to the recipient periodically. Since benefits are available only for covered services performed during the patient's period of eligibility, it is in the best interest of the provider to review the card each time services are rendered.

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It is the obligation of the provider of care to determine the identity of the person named on the eligibility card.

**Qualified Medicare Beneficiaries (QMB)** are eligible only for payment of Medicare premiums, deductibles, and coinsurance. Review of the eligibility card is essential to prevent billing Medicaid for non-covered services for this group.

**Qualified Medicare Beneficiaries—EXTENDED (QMB-Dually Eligible)** are entitled to the full range of services under Medicaid and Medicare.

### **VERIFICATION OF THE AGE OF THE RECIPIENT**

The provider should verify the age of the recipient. If the provider has a question as to the age of the recipient, means of identification other than the Medicaid card should be examined.

### **RECIPIENT WITHOUT AN ELIGIBILITY CARD**

A recipient who seeks services without the correct current eligibility card should be considered responsible for all charges incurred unless eligibility is verified. The provider can assist the recipient in the verification of eligibility by using the Audio Response System (ARS) or by contacting the local department of social services servicing the patient's place of residence if an eligibility card has not yet been issued.

### **ASSISTANCE TO PATIENTS POSSIBLY ELIGIBLE FOR BENEFITS**

If a patient is unable to pay for services rendered, the provider may refer the patient or the patient's representative to the local department of social services for an application for Medicaid. The local department of social services will notify the patient of eligibility or ineligibility. Medicaid assumes no financial responsibility for services rendered prior to the effective date of the recipient's eligibility. The effective date of Medicaid eligibility may be retroactive up to three months prior to the month in which the application was filed if the patient was eligible during the retroactive period. Services rendered and paid for may be billed to Medicaid and the patient's payment refunded in full. Medicaid does not reimburse recipients for out-of-pocket expenses incurred during the period eligibility was pending.

### **MEDICAID APPLICATIONS AND REDETERMINATIONS—AUTHORIZED REPRESENTATIVE POLICY**

Medicaid eligibility requirements are strict and require an applicant or someone conducting business on his or her behalf to attest to citizenship or alien status, declare all income and assets, and make assignment of insurance and medical support benefits. In order to accurately determine eligibility, local departments of social services must ensure that an individual who files an application or someone conducting business on behalf of the applicant has full knowledge of the applicant's situation and can provide correct information.

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### Applications

A Medicaid applicant must sign the application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. A child under age 18 is not legally able to sign a Medicaid application for himself or herself unless he or she is legally emancipated from his or her parents. If a child is not legally emancipated, his or her parent or legal guardian must sign the application. *Exception: A minor child under 18 years of age may apply for Medicaid on behalf of his or her own child.*

A legally competent individual age 18 or older may authorize anyone to file a Medicaid application on his or her behalf provided that the authorization is in writing, identifies the individual or organization authorized to conduct business on his or her behalf, and is signed by the individual giving the authorization. When an individual has been determined by a court to be legally incompetent or legally incapacitated, the individual's legally appointed committee or guardian is the individual's authorized representative and can apply for Medicaid on the individual's behalf.

If an individual does not have a legal guardian or authorized representative and is mentally unable to sign an application or designate a representative, the individual's spouse will be considered the authorized representative for Medicaid purposes. In situations where the individual is not married, is estranged from his or her spouse, or the spouse is unable to represent him or her, a relative of the individual who is willing to take responsibility for the individual's Medicaid business may be considered his or her authorized representative. Relatives who may be considered authorized representatives in this situation are, in this order, the individual's:

- Adult child;
- Parent;
- Adult sibling;
- Adult niece or nephew; or
- Adult aunt or uncle.

If it is determined that an individual cannot sign an application and does not have an attorney-in-fact or authorized representative, a Medicaid application may be filed by someone other than an authorized person provided the individual's inability to sign the Medicaid application is verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign and file a Medicaid application because of his or her diagnosis or condition. The local department of social services will pend the application until it can be appropriately signed if it is determined that court action has been initiated to have a guardian or committee appointed for the individual or until an Adult Protective Services investigation concludes that guardianship proceedings will not be initiated. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of an individual who cannot designate an authorized representative.

An application may be filed on behalf of a deceased person by his or her guardian or committee, attorney-in-fact, executor or administrator of his or her estate, surviving spouse,

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surviving family member, in this order of preference: adult child, parent, adult sibling, adult niece or nephew, or adult aunt or uncle. The application must be filed within a three-month period subsequent to the month of the individual's death. Medicaid coverage can be effective no earlier than three months prior to the application month. Under no circumstances can an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment file a Medicaid application on behalf of a deceased individual.

### Redeterminations

A Medicaid recipient must sign the redetermination application form unless the application is filed and signed by the applicant's legal guardian or committee, attorney-in-fact, or authorized representative. If the applicant is unable to sign his or her name but can make a mark, the mark must be designated "his/her mark" and witnessed by one person. If a child under age 18 is not legally emancipated, his or her parent or legal guardian must sign the redetermination form.

When it is reported that an adult recipient cannot sign the application and the recipient does not have a guardian, committee, attorney-in-fact or authorized representative, an individual identified below who is willing and able to take responsibility for the recipient's Medicaid business will be considered the recipient's authorized representative. The individuals are, in this order of preference, the recipient's:

- Spouse;
- Adult child;
- Parent;
- Adult sibling;
- Adult niece or nephew;
- Adult aunt or uncle; or
- *Representative payee to include an employee of, or an entity hired by, a medical service provider who stands to obtain Medicaid payment (only for those recipients who were in a medical facility and eligible for Medicaid on October 1, 1996).*

The recipient's inability to sign the redetermination application must be verified by a written statement from the individual's doctor. The statement must indicate that the individual is unable to sign the Medicaid redetermination application because of his or her diagnosis or condition.

If the individual cannot sign the redetermination application and does not have an attorney-in-fact or authorized representative, the local department of social services will determine if court action has been initiated to have a guardian appointed for the recipient or will refer the case to Adult Protective Services for investigation. If the recipient is otherwise eligible, Medicaid coverage will continue until a guardian or committee is appointed and can sign the redetermination application or until an Adult Protective Service investigation concludes that guardianship proceedings will not be initiated and the redetermination can be signed by the recipient or his or her authorized representative.

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## **NON-MEDICAID PATIENT RELATIONSHIP**

Medicaid-eligible recipients who elect to be treated as private patients or who decline to verify their Medicaid eligibility with providers, shall be treated as private pay patients by the provider and by DMAS. Providers shall be required to be able to furnish supporting documentation whenever patients fall into either of these categories.

## **NEWBORN INFANT ELIGIBILITY**

All newborn days, including claims for "well babies" must be submitted separately. "Well baby" days cannot be processed as part of the mother's per diem and no information related to the newborn must appear on the mother's claim.

A newborn infant is automatically eligible for Medicaid if the mother is eligible. The infant must be enrolled, however, and receive his or her own Medicaid eligibility number.

The Newborn Eligibility Report (DMAS-213) should be completed by the hospital and sent to the local department of social services to obtain a number for billing purposes. The mother will not have to contact the local DSS to obtain the Medicaid identification number for the newborn IF the DMAS-213 is utilized, however, she may still choose to do this herself.

## **MEDICAID ELIGIBILITY FOR HOSPICE SERVICES**

To be eligible to elect hospice as a Medicaid benefit, an individual must be entitled to Medicaid benefits and be certified as terminally ill. "Terminally ill" is defined as having a medical prognosis that life expectancy is six months or less. If the individual is eligible for Medicare as well as Medicaid, the hospice benefit must be elected or revoked concurrently under both programs.

## **GUIDELINES ON INMATE STATUS**

Section 1905(a)(24)(A) of the *Social Security Act* excludes from Medicaid coverage payments for care and services rendered to any individual who is an "inmate of a public institution" unless that individual is a patient in a medical institution.

This provision permits Medicaid payment for individuals who reside in publicly operated medical institutions, but prohibits Medicaid payment for services rendered to individuals who are "inmates" of public institutions. There are instances in which an individual residing in a medical institution is barred from Medicaid eligibility because he or she is also an "inmate" of a public institution. These guidelines are designed to assist staff in evaluating individuals to determine if their care in medical institutions qualifies for Medicaid payment.

Qualification for Medicaid Payment is determined by ascertaining:

1. Whether the institution in which the individual resides is a public institution;
2. Whether it is an exempted institution (medical, educational, or vocational); and

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3. Whether the individual residing therein is an "inmate of a public institution".

A public institution is defined as "an institution that is the responsibility of a governmental unit or over which a governmental unit exercises administrative control" (42 CFR 435.1009).

Exempted public institutions are "medical institutions," "intermediate care facilities," and "publicly operated community residences that serve no more than 16 residents" (42 CFR 435.1009). Intermediate care facilities as a result of OBRA 87 are now called nursing facilities. Intermediate care facilities for the mentally retarded are also considered medical institutions for purposes of this section.

An inmate of a public Institution is defined as "a person who is living in a public institution unless that person

1. is in a public educational or vocational training institution for purposes of securing education or vocational training, or
2. is in a public institution for a temporary period pending other arrangements appropriate to his or her needs." (42 CFR 435.1009).

In determining qualification for Medicaid payment, it is necessary to determine the nature of the physical placement of an individual, (i.e., where he or she actually lives) and the purpose of the placement (i.e., is the reason for placement either educational or vocational?). If the institution is a public institution, the individual may still be eligible if the purpose of the placement is educational or vocational. This is particularly important in evaluating placements in psychiatric facilities or programs where the placing agency is the local school division.

Commitment to public institutions under the penal system has an effect on eligibility for Medicaid payment. The state mental hospital system accepts transfers and commitments from the courts or penal facilities operated by the Department of Corrections or the Department of Juvenile Justice. In cases in which the individual is imprisoned because he or she has been accused or convicted of a crime, neither of the two exceptions to "inmate" status listed above applies.

The *State Medicaid Manual* states "When a person is incarcerated in the penal system because he has been accused or found guilty of a criminal offense, his status as an inmate is not terminated until he is released from the institution on parole or otherwise." Individuals are inmates during the period before trial or other disposition of the charges or after conviction. Under federal guidelines, the State assumes full responsibility for a prisoner's care, wherever provided. Inmate status continues until the indictment is dismissed or he or she is released from custody either as "not guilty" or for some other reason such as bail, parole, or pardon.

It does not matter whether the offense is a misdemeanor, a felony, or a delinquent act. If he or she is serving a sentence in a prison, jail, or other correctional facility and is transferred to a mental or other medical facility, he or she is still an inmate. Thus, individuals placed in psychiatric facilities from prison or juvenile correctional facilities retain their inmate

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status and their care does not qualify for Medicaid payment.

"An individual is considered an "inmate" of a penal institution even during a pretrial period when the basis for his placement is only accusation, and not conviction, of a crime. Thus, even though the reason for transfer to the mental hospital is temporary, he is still considered an inmate for purposes of Medicaid. In the *State Medicaid Manual* the Secretary of Health and Human Services has interpreted such an individual to be an inmate because "it is as yet unclear whether an individual's placement is of a long-term or purely temporary nature."

The *State Medicaid Manual* further states that "A person is considered an inmate of a penal institution if he is incarcerated under process of the penal system..." The word "incarcerated" is important. A facility in which a person is confined "under process of the penal system" is to be considered a "penal institution." Thus, local juvenile detention centers which are secure facilities are "penal institutions." However, local group homes operated by local court service units are not penal institutions because they are not secure. In evaluating individuals who are placed into psychiatric hospitals from programs operated by local court service units, it is necessary to ascertain the nature of the facility in which the individual resided prior to admission to the psychiatric hospital. "If a person detained by legal process is sent directly to a medical institution... there is no other public institution" of which he may be considered, even constructively, to be an inmate. Irrespective of such a person's status under the penal system, he cannot be considered an inmate of a public institution."

#### Examples:

1. An adolescent is serving a sentence at a penal institution and attempts suicide. He is transferred to the adolescent unit at Central State Hospital for evaluation or treatment. He is not eligible for Medicaid even though he resides in a medical institution because he is still incarcerated under the penal system. When his treatment is complete, he will return to the penal system to continue his sentence.
2. An adolescent charged with murder is sent from the local jail to Central State Hospital to determine whether she is competent to stand trial. She is considered an inmate since she remains under indictment and has resided in a penal institution. Even if she is found incompetent to stand trial, she can be tried at some later date when she has gained competency. She remains an inmate until the charges against her are dismissed or she is tried and found not guilty.
3. A juvenile is committed to the custody of the Department of Juvenile Justice after a court hearing because he is determined to be a child in need of services. The local court services unit or the Department of Juvenile Justice determines that he is in need of inpatient psychiatric services and he is placed directly in a Medicaid-enrolled psychiatric hospital. He is not considered an inmate of a public institution because he resides in a medical institution. He has never resided in a public penal institution, and he is not under sentence. When his treatment is completed, he will return to the community. The fact that the



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Department of Juvenile Justice holds custody does not make him an "inmate".

Medicare Catastrophic Coverage Act of 1988  
[Effective Date: January 1989]

The Medicare Catastrophic Coverage Act of 1988 and other legislation require State Medicaid Programs to expand the coverage of services to certain low income Medicare beneficiaries, known as Qualified Medicare Beneficiaries (QMBs).

**QMB Coverage Only**

Recipients in this group are eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit less the recipient's copayment on allowed charges for all Medicare-covered services. They will receive Medicaid cards with the message "QUALIFIED MEDICARE BENEFICIARY--QMB." The Medicare coinsurance is limited to the Medicaid fee when combined with the Medicare payment.

**QMB Extended Coverage**

Recipients in this group will be eligible for Medicaid coverage of Medicare premiums and of deductible and coinsurance up to the Medicaid payment limit on allowed charges for all Medicare-covered services plus coverage of all other Medicaid-covered services listed in Chapter I of this manual. This group will receive Medicaid cards with the message "QUALIFIED MEDICARE BENEFICIARY--QMB EXTENDED." These recipients are responsible for copay for pharmacy services, health department clinic visits, and vision services.

**All Others**

Recipients without either of these messages on their Medicaid cards will be eligible for those covered services listed in Chapter I of this manual.

**CHILDREN'S MEDICAL SECURITY INSURANCE PLAN (CMSIP)**

The Children's Medical Security Insurance Plan (CMSIP), administered by the Department of Medical Assistance Services, provides assistance with comprehensive health benefits coverage for children through the age of 18 who do not have any health insurance coverage. The plan is designed to cover children of working Virginia families who make too much to qualify for Medicaid and do not have access to other health insurance. Eligibility determinations and enrollment of eligible children are handled by local departments of social services.

Once a child is found eligible, that child is enrolled in the Children's Medical Security Insurance Plan and mailed a temporary medical assistance card which shows name and identification number. During this initial period, medical coverage can be received from any Medicaid provider. Ongoing medical coverage, depending upon the area of the state where the child resides, will either be provided through a Health Maintenance Organization (HMO) or a Primary Care Physician (PCP). Once a provider is assigned, medical services will be provided by the HMO or PCP network provider.

Children found eligible under CMSIP are eligible to receive benefits described in the

Manual Title	Chapter	Page
All Manuals	III	15
Chapter Subject	Page Revision Date	
Recipient Eligibility	10-1-01	

## **FAMILY ACCESS TO MEDICAL INSURANCE SECURITY INSURANCE PLAN (FAMIS)**

The Family Access to Medical Insurance Security Plan (FAMIS), administered by the Department of Medical Assistance Services, provides assistance with comprehensive health benefits coverage for children through the age of 18 who do not have coverage under any health insurance plan offering hospital and medical benefits. The plan is designed to cover children of Virginia families who make too much to qualify for Medicaid and do not have access to other health insurance. Eligibility determinations and enrollment are handled by DMAS contract staff at a central site. Local departments of social services do not determine eligibility for FAMIS.

Once a child is found eligible, that child is enrolled in the Family Access to Medical Insurance Security Plan and medical coverage is provided through managed care entities under contract with DMAS or through DMAS' Primary Care Case Management Program.

Children found eligible under FAMIS are eligible to receive benefits described in the State's Plan for the State Children's Health Insurance Program (S-CHIP).

Manual Title	Chapter	Page
All Manuals	III	16
Chapter Subject	Page Revision Date	
Recipient Eligibility	12-22-99	

## EXHIBITS

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Sample MEDALLION Card	3
Sample of the Back of the Medicaid Eligibility Cards	4
Newborn Eligibility Report	5
Insurance Company Codes	6
Type of Coverage Codes	24

COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF SOCIAL SERVICES

### EMERGENCY MEDICAL CERTIFICATION

TO: DIVISION OF PROGRAM OPERATIONS  
DEPT. OF MEDICAL ASSISTANCE SERVICES  
600 EAST BROAD STREET, SUITE 1300  
RICHMOND, VA 23219

APPLICANT'S NAME

CASE NUMBER

#### I. REFERRAL SECTION

THE ABOVE-NAMED INDIVIDUAL HAS APPLIED FOR MEDICAID. A DETERMINATION OF EMERGENCY NEED AND DURATION IS NEEDED NO LATER THAN \_\_\_\_\_.

(DATE)

INDIVIDUAL'S STATUS:

☐

A

☐

B

☐

C

ATTACHED IS INFORMATION ON THE EMERGENCY MEDICAL TREATMENT.

SIGNED: \_\_\_\_\_ WORKER#: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY ADDRESS: \_\_\_\_\_

#### II. CERTIFICATION SECTION

I HAVE REVIEWED THE MEDICAL EVIDENCE AND DETERMINED THAT THE MEDICAL CONDITION

☐

IS AN EMERGENCY

☐

IS NOT AN EMERGENCY

THE REASON FOR DETERMINATION, OR SPECIFICS OF COVERED SERVICES AND DURATION OF COVERAGE ARE DETAILED BELOW.

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

#### III. NOTIFICATION SECTION

TO: MEDICAID SERVICE PROVIDERS

☐

THE ABOVE-NAMED INDIVIDUAL HAS BEEN DETERMINED INELIGIBLE FOR MEDICAID BENEFITS.

REASON FOR DENIAL: \_\_\_\_\_

☐

THE ABOVE-NAMED INDIVIDUAL IS ELIGIBLE FOR MEDICAID TO COVER EMERGENCY SERVICES. ONLY SERVICES DIRECTLY RELATED TO THE EMERGENCY ARE COVERED FOR THE TIME PERIOD SPECIFIED BELOW. THIS FORM SERVES AS YOUR NOTIFICATION OF ELIGIBILITY IN LIEU OF A MEDICAID CARD. IF YOU HAVE ANY QUESTIONS, CALL THE PROVIDER HELPLINE AT 1-800-552-8627.


PERIOD OF COVERAGE: \_\_\_\_\_

MEDICAID NUMBER: \_\_\_\_\_

OTHER INSURANCE: \_\_\_\_\_

SIGNED: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_




CASE I.D. NUMBER				THE FOLLOWING BEHIND THIS IS ELIGIBLE THROUGH THE LAST DAY OF		THE FOLLOWING BEHIND IS ELIGIBLE FROM	
BIRTH DATE	SEX	I.D. NO.	SI	NAME		BEGIN DATE	
							

**MEDALLION™  
ELIGIBILITY CARD**

DETACH THIS CARD AT PER-  
FORATION BELOW. FOLD INTO  
THREE SECTIONS, AND KEEP  
WITH YOU AT ALL TIMES.

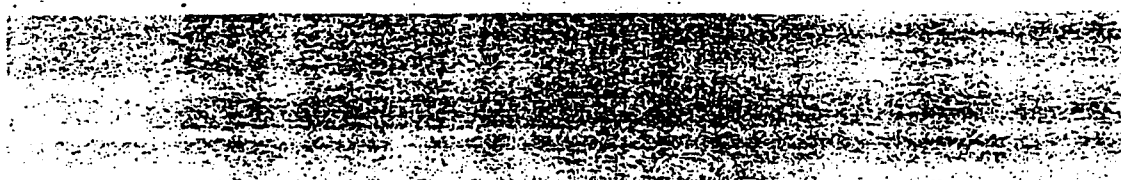
INSTRUCTIONS ON BACK

INSURANCE INFORMATION				CD- C/C-	
CASE I.D. NUMBER					
CARRIER	BEGIN DATE	I.D. NO.	TY	POLICY NO. / MEDICARE NO.	
					

VOID

▼ DETACH HERE BEFORE USING CARD ▼

NOTICE TO CLIENT: (PLEASE READ BEFORE USING THE ATTACHED CARD ABOVE)



TO OPEN - TEAR ALONG PERFORATION

## DEPARTMENT OF MEDICAL ASSISTANCE SERVICES

POST OFFICE BOX 26228, RICHMOND, VIRGINIA 23260

FIRST CLASS MAIL  
U.S. POSTAGE

PAID

PERMIT NO. 176  
RICHMOND, VA.

DO NOT FORWARD

0000037

FOLD

FOLD

TO OPEN - TEAR ALONG PERFORATION

1. This is your Medicaid card which shows who is your family in eligible for Medicaid services. It is issued by the Department of Medical Assistance Services.
2. Only those persons listed on the card are entitled to Medicaid services.
3. Show this card to the hospital, doctor, drug store and any other medical service provider. **SHOW THIS CARD** every time you receive a medical service. You may also have to show you are eligible to pay for the service.
4. If you do not show this card to providers of care when you receive medical services, some limitations.
5. The medical services provider must certify to services with the Virginia Department of Medical Assistance Services. And the provider **SHOWS** you receive a service if he or she is certified with Medicaid.
6. This card is good **ONLY** for the dates shown on it.
7. Call your local Department of Social Services immediately if you change your address, if your income or resources change, if your health insurance changes, or if you lose your Medicaid card.
8. If you have any questions about your medical benefits, call your local Department of Social Services.
9. **WARNING:** Intentional violation of this card is against the law. It is a crime, and will make the offender liable to prosecution under federal and state laws.
10. If there are family and persons included on the face of this card, your provider should not render services except on an emergency basis or upon request from the designated primary care provider.
11. If there are questions, contact the Department of Medical Assistance Services, P.O. Box 227, Richmond, Virginia 23260.

## INSTRUCTIONS TO PROVIDERS OF SERVICE

- NOTE: The on-line apply fee.
- Any long-term-care services, drug or surgery
  - Any long-term-care services, drug or surgery
  - Any services delivered to an emergency room
  - Any services delivered by Medicaid as an emergency service
- A = Under 21, no income, eligible for certain medical services.  
B = No income, eligible for certain medical services.  
C = Certain services apply.

## SPECIAL INDICATOR CODES

FOLD

FOLD

## INSTRUCTIONS TO RECIPIENTS





## INSURANCE COMPANY CODES

316	AARP
800	ABC - ASSOCIATED BUILDERS AND CONTRACTORS, INC.
002	ABSENT PARENT
005	ACADEMY LIFE INSURANCE COMPANY
682	ACORDIA BENEFITS
680	ACORDIA BENEFITS OF THE SOUTH
453	ACORDIA LOCAL GOVERNMENT BENEFITS INC
531	ACORDIA NATIONAL
614	ACORDIA NATIONAL - BC/BS OF KY
914	ADMINISTRATED SOLUTIONS INC.
511	ADMINISTRATIVE CONSULTANTS
841	ADMINISTRATIVE SERVICES OF NORTH AMERICA
812	ADMINISTRATIVE SERVICES, INC.
681	ADMINITRON, INC
836	ADVANCE DATA SOLUTIONS
430	ADVANCED INSURANCE SERVICE
828	ADVANCED PARADIGM, INC
195	AETNA - FMC CORPORATION
737	AETNA HEALTH PLAN - ILLINOIS
550	AETNA HEALTH PLAN-OHIO
667	AETNA HEALTH PLAN-OKLAHOMA
722	AETNA HEALTH PLANS OF MID-ATLANTIC
069	AETNA INS CO - FORT WAYNE
711	AETNA LIFE INS CO - CALIF
758	AETNA LIFE INS CO - DELAWARE
663	AETNA LIFE INS CO - FLORIDA
731	AETNA LIFE INS CO - FRESNO, CA
825	AETNA LIFE INS CO - HARTFORD, CT
491	AETNA LIFE INS CO - INDIANA
736	AETNA LIFE INS CO - KENTUCKY
674	AETNA LIFE INS CO - MASSACHUSETTS
726	AETNA LIFE INS CO - MICHIGAN
469	AETNA LIFE INS CO - N CAROLINA
661	AETNA LIFE INS CO - PENNSYLVANIA
729	AETNA LIFE INS CO - READING
566	AETNA LIFE INS CO - TEXAS
691	AETNA LIFE INS CO - TYLER, TX
897	AETNA PHARMACY MANAGEMENT    ATTN CLAIMS PROCESSING
006	AETNA US HEALTHCARE
849	AETNA US HEALTHCARE
534	AFFILIATED TEAMSTERS HLTH & WELFARE FUND OF MD - LOCA
413	AID ASSOCIATION FOR LUTHERANS
588	ALEXANDRIA HOSPITAL PLAN
522	ALICARE, INC

840	ALL RISK ADMINSTRATORS INC.
763	ALLIANCE
542	ALLIANCE ASSURANCE CO
313	ALLIANCE HLTH BENE PLAN
829	ALLIANCE PPO
933	ALLIANZ-LIFE INSURANCE COMPANY
744	ALLIED ADMINISTRATORS
713	ALLMERICA FINANCIAL
007	ALLSTATE INSURANCE COMPANY
424	ALTA
689	ALTA HEALTH STRATEGIES, INC.
210	ALUMINUM WKRS
454	AM FOREIGN SERV. PROTECTIVE ASSOC.
212	AMAL MEATCUTTERS
211	AMALGAMATED CLOTHING & TEXTILE WORKERS UNION
477	AMALGAMATED LIFE INS CO
018	AMER CANCER
213	AMER FED OF GOVT EMP
017	AMER SENIOR CITZENS
505	AMERICAN BANKERS LIFE ASSURANCE CO. OF FLORIDA
004	AMERICAN COMMUNITY MUTUAL LIFE INSURANCE COMPANY
546	AMERICAN CONTINENTAL LIFE INSURANCE COMPANY
008	AMERICAN DEFENDER LIFE INSURANCE COMPANY
026	AMERICAN FAMILY LIFE ASSURANCE COMPANY OF COLUMBUS
009	AMERICAN FIDELITY ASSURANCE COMPANY
891	AMERICAN GROUP ADMINISTRATOR
806	AMERICAN HEALTH SERVICES
010	AMERICAN HERITAGE LIFE INSURANCE COMPANY
016	AMERICAN INCOME LIFE INSURANCE COMPANY
019	AMERICAN INTEGRITY INSURANCE COMPANY
493	AMERICAN MEDICAL SECURITY
028	AMERICAN MOTORISTS INSURANCE COMPANY
011	AMERICAN MUTUAL LIABILITY INSURANCE COMPANY
451	AMERICAN NATIONAL INS CO
494	AMERICAN POSTAL WORKERS UNION PLAN
364	AMERICAN REPUBLIC INS CO
012	AMERICAN RESERVE LIFE INSURANCE COMPANY
792	AMERITAS DENTAL CARE DIVISION
585	AMINITRON
569	AMPRO FISHERIES COMPANY
739	ANTHEM BLUE CROSS & BLUE SHIELD
896	ANTHEM HEALTH & LIFE (AHL)
966	ANTHEM HEALTH & LIFE INSURANCE CO.
647	ANTHEM LIFE
939	AON CONSULTING
013	APPALACHIAN LIFE INSURANCE COMPANY
797	ARAMARK

913	ARGUS HEALTH SYSTEM
215	ASBESTOS WKRS
574	ASSOCISTED BENEFITS CORP. OF TN.
422	ATLANTA GROUP BENEFIT CENTER
426	ATLANTA LIFE INS CO
027	ATLANTIC LIFE INSURANCE COMPANY
842	AUTOMATED GROUP ADMINISTRATION, INC.
336	AVTEX FIBERS INC
399	AWANA CLUBS INTERNATIONALS GROUP INSURANCE SERVICE CEN
632	B. P. S., INC.
563	B.A. MULLICAN LUMBER & MANUFACTURING COMPANY
216	BAKE CONF TAB WKRS
020	BANKERS FIDELITY LIFE INSURANCE COMPANY
021	BANKERS LIFE AND CASUALTY INSURANCE COMPANY
022	BANKERS LIFE INSURANCE COMPANY OF NEBRASKA
239	BANKERS MULTIPLE LINE INS CO
559	BANKERS UNITED LIFE ASSURANCE
646	BASSETT EMPLOYEE BENEFITS
622	BASSETT FURNITURE
421	BASSETT WALKER
331	BAYLY MARTIN & FAY INS
140	BENE PLAN STRATEGIES
029	BENEFICAL MULTIPLE INS
023	BENEFICIAL NATL
329	BENEFICIAL STANDARD LIFE INS CO
056	BENEFIT ADMINISTRATORS OF AMERICA, INC
795	BENEFIT ASSISTANCE CORPORATION
784	BENEFIT CONCEPTS INSURANCE
467	BENEFIT CONSULTANT SERVICES
446	BENEFIT PLAN ADMINISTRATORS
843	BENEFIT PLAN ADMINISTRATORS, INC.
237	BENEFIT PLAN SERVICES
279	BENEFITS PLAN SERVICES, INC
789	BENEFIX/OLAN MILLS GROUP MEDICAL PLAN
872	BENESCRIP
087	BEVERLY ENTERPRISES
628	BLAIR MILL ADMINISTRATORS
532	BLUE CROSS - BLUE SHIELD OF CENTRAL NEW YORK
780	BLUE CROSS - BLUE SHIELD OF LOUISIANA
482	BLUE CROSS - BLUE SHIELD OF MICHIGAN
444	BLUE CROSS - BLUE SHIELD OF NEW YORK (EMPIRE)
771	BLUE CROSS - BLUE SHIELD OF ROCHESTER AREA
786	BLUE CROSS - BLUE SHIELD OF UTICA (NEW YORK)
735	BLUE CROSS AND BLUE SHIELD OF ARKANSAS
734	BLUE CROSS AND BLUE SHIELD OF CALIFORNIA
709	BLUE CROSS AND BLUE SHIELD OF CONNECTICUT

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## PROCEDURE MODIFIERS

### HCPCS/CPT

TC	Technical component
22	Unusual service
26	Professional component
50	Bilateral procedure
51	Multiple procedures
52	Reduced services
75	Concurrent care
80	Assistant surgeon
81	Minimum assistant surgeon
82	Assistant surgeon

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## PROCEDURE MODIFIERS FOR EPSDT

### MODIFIER CODE

H	<u>No abnormalities found</u> , no treatment required, and no referral required
K	<u>Abnormality found</u> , treatment has been initiated by myself, and no other referral required
T	* <u>Abnormality found</u> , treatment has been initiated by myself, and referral to another practitioner has been made
U	* <u>Abnormality found</u> , no treatment has been initiated by myself, and referral to another practitioner has been made
W	<u>Abnormality found</u> , no treatment has been made at this time, referral to myself for treatment within the next 120 days
Y	<u>Abnormality found</u> , treatment/referral has been refused by the recipient or the responsible adult in the case
Z	<u>Abnormality found</u> , no treatment has been initiated, no referral has been made. The recipient is already under care.

\* When abnormality referrals are made by a physician to other practitioners, the names of the practitioners and the appointment dates must be provided on an attachment and the word "ATTACHMENT" entered in Locator 10d.

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# **SAMPLE**

## **COMPLETED HEALTH INSURANCE CLAIM FORM (HCFA-1500)**

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

APPROVED OMB 0938-0002

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

HEALTH INSURANCE CLAIM FORM																																																																					
PICA																																																																					
<div> <div> MEDICARE  <input type="checkbox"/> </div> <div> MEDICAID  <input checked="" type="checkbox"/> </div> <div> CHAMPUS  <input type="checkbox"/> </div> <div> CHAMP  <input type="checkbox"/> </div> <div> OTHER  <input type="checkbox"/> </div> </div> <div> INSURED'S NAME (Last Name, First Name, Middle Initial)  <b>123-456789-01-2</b> </div>																																																																					
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DOE, JANE B.</b>			3. PATIENT'S BIRTH DATE MM DD YY			4. INSURED'S NAME (Last Name, First Name, Middle Initial)			5. INSURED'S BIRTH DATE																																																												
5. PATIENT'S ADDRESS (Inc., Street) CITY STATE ZIP CODE			6. PATIENT RELATIONSHIP TO INSURED Spouse, Child, Other			7. INSURED'S ADDRESS (Inc., Street) CITY STATE ZIP CODE			8. INSURED'S BIRTH DATE																																																												
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)			10. IS PATIENT'S CONDITION RELATED TO...			11. INSURED'S POLICY GROUP OR FECA NUMBER			12. INSURED'S DATE OF BIRTH																																																												
13. OTHER INSURED'S POLICY OR GROUP NUMBER			14. EMPLOYMENT: CURRENT OR PREVIOUS			15. INSURED'S DATE OF BIRTH			16. EMPLOYER'S NAME OR SCHOOL NAME																																																												
17. OTHER INSURED'S DATE OF BIRTH			18. AUTO ACCIDENT?			19. INSURANCE PLAN NAME OR PROGRAM NAME			20. IS THERE ANOTHER HEALTH BENEFIT PLAN?																																																												
21. EMPLOYER'S NAME OR SCHOOL NAME			22. RESERVED FOR LOCAL USE			23. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE			24. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION																																																												
25. INSURANCE PLAN NAME OR PROGRAM NAME			26. READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM			27. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE			28. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																																																												
29. DATE OF CURRENT ILLNESS (First Onset) OR INJURY (Accident) OR PREGNANCY (LMP)			30. IF PATIENT HAS HAD DATE OF SIMILAR ILLNESS, GIVE FIRST DATE			31. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE			32. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES																																																												
33. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE			34. NUMBER OF REFERRING PHYSICIAN			35. OUTSIDE LAB CHARGE			36. MEDICARE RESUBMISSION CODE																																																												
37. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ILLNESS TO CURRENT SERVICE)			38. PRIOR AUTHORIZATION NUMBER			39. MEDICARE RESUBMISSION CODE			40. PRIOR AUTHORIZATION NUMBER																																																												
<table border="1"> <thead> <tr> <th colspan="2">A</th> <th colspan="2">B</th> <th colspan="2">C</th> <th colspan="2">D</th> <th colspan="2">E</th> <th colspan="2">F</th> <th colspan="2">G</th> <th colspan="2">H</th> <th colspan="2">I</th> <th colspan="2">J</th> </tr> <tr> <th colspan="2">DATE(S) OF SERVICE</th> <th colspan="2">FROM</th> <th colspan="2">TO</th> <th colspan="2">PROCEDURES, SERVICES OR SUPPLIES</th> <th colspan="2">DIAGNOSIS CODE</th> <th colspan="2">CHARGES</th> <th colspan="2">DAYS (PERSON OR FAMILY UNIT)</th> <th colspan="2">EMG</th> <th colspan="2">COB</th> <th colspan="2">RESERVED FOR LOCAL USE</th> </tr> </thead> <tbody> <tr> <td>01</td> <td>01</td> <td>94</td> <td>01</td> <td>31</td> <td>94</td> <td>12</td> <td>1</td> <td>29421</td> <td>1</td> <td>63</td> <td>00</td> <td>7</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>3</td> <td>\$17.00</td> </tr> </tbody> </table>										A		B		C		D		E		F		G		H		I		J		DATE(S) OF SERVICE		FROM		TO		PROCEDURES, SERVICES OR SUPPLIES		DIAGNOSIS CODE		CHARGES		DAYS (PERSON OR FAMILY UNIT)		EMG		COB		RESERVED FOR LOCAL USE		01	01	94	01	31	94	12	1	29421	1	63	00	7						3	\$17.00
A		B		C		D		E		F		G		H		I		J																																																			
DATE(S) OF SERVICE		FROM		TO		PROCEDURES, SERVICES OR SUPPLIES		DIAGNOSIS CODE		CHARGES		DAYS (PERSON OR FAMILY UNIT)		EMG		COB		RESERVED FOR LOCAL USE																																																			
01	01	94	01	31	94	12	1	29421	1	63	00	7						3	\$17.00																																																		
41. FEDERAL TAX ID NUMBER										42. PATIENT'S ACCOUNT NUMBER										43. ACCEPT ASSIGNMENT?										44. TOTAL CHARGE										45. AMOUNT PAID										46. BALANCE DUE																			
47. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE(S) OR CREDENTIALS										48. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)										49. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #										50. SIGNATURE																																							

*Mary Smith* 2/2/94

ABC Care  
123 Broad Street  
Norfolk, VA 99999

8779999

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## SAMPLE

### COMPLETED HEALTH INSURANCE CLAIM FORM (HCFA-1500) AS AN ADJUSTMENT INVOICE

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA

APPROVED OMB-0938-0008

HEALTH INSURANCE CLAIM FORM			
1. MEDICARE: <input type="checkbox"/> MEDICAID: <input type="checkbox"/> CAMPUS: <input type="checkbox"/> CAMPVA: <input type="checkbox"/> GROUP HEALTH PLAN: <input type="checkbox"/> OTHER: <input type="checkbox"/>		INSURED'S ID NUMBER: <b>544519000122</b>	
2. PATIENT'S NAME (Last, First Name, Middle Initial):		INSURED'S NAME (Last, First Name, Middle Initial):	
3. PATIENT'S ADDRESS (No. Street):		INSURED'S ADDRESS (No. Street):	
CITY: STATE: ZIP CODE: TELEPHONE (INCLUDE AREA CODE):		CITY: STATE: ZIP CODE: TELEPHONE (INCLUDE AREA CODE):	
5. OTHER INSURED'S NAME (Last, First Name, Middle Initial):		INSURED'S POLICY OR GROUP OR FECA NUMBER:	
6. OTHER INSURED'S POLICY OR GROUP NUMBER:		INSURED'S DATE OF BIRTH: MM DD YY SEX: <input type="checkbox"/> M <input type="checkbox"/> F	
7. OTHER INSURED'S DATE OF BIRTH: MM DD YY SEX: <input type="checkbox"/> M <input type="checkbox"/> F		8. EMPLOYER'S NAME OR SCHOOL NAME:	
9. EMPLOYER'S NAME OR SCHOOL NAME:		C. INSURANCE PLAN NAME OR PROGRAM NAME:	
10. INSURANCE PLAN NAME OR PROGRAM NAME:		11. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: (Signature) DATE: (Date)			
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: (Signature) DATE: (Date)			
14. DATE OF CURRENT ILLNESS: FROM MM DD YY TO MM DD YY		15. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION: FROM MM DD YY TO MM DD YY	
16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE:		17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES: FROM MM DD YY TO MM DD YY	
18. RESERVED FOR LOCAL USE:		19. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO	
20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY: (RELATE ITEMS 1-3 OR 4 TO ITEM 20 BY LINE)		21. MEDICAL RESUBMISSION CODE: <b>525</b> ORIGINAL REF NO: <b>111111111</b>	
22. DATE(S) OF SERVICE: FROM MM DD YY TO MM DD YY		23. PRIOR AUTHORIZATION NUMBER:	
24. PROCEDURE(S) SERVICES OR SUPPLIES: (Type of Service, CPT, HCPCS, MODIFIER)		25. CHARGES: \$ <b>35.00</b>	
26. DATE(S) OF SERVICE: FROM MM DD YY TO MM DD YY		27. CHARGES: \$ <b>35.00</b>	
28. FEDERAL TAX ID NUMBER: <b>12345678</b>		29. PATIENT'S ACCOUNT NO: <b>12345678</b>	
30. SIGNATURE OF PHYSICIAN OR SUPPLIER: (Signature) DATE: <b>2/2/94</b>		31. PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE: <b>John Jones, MD 23 Main Street Town, VA 23200 (804) 999-9999</b>	



808	BLUE CROSS AND BLUE SHIELD OF DELAWARE
512	BLUE CROSS AND BLUE SHIELD OF FLORIDA
660	BLUE CROSS AND BLUE SHIELD OF GEORGIA
447	BLUE CROSS AND BLUE SHIELD OF ILLINOIS
621	BLUE CROSS AND BLUE SHIELD OF IOWA
626	BLUE CROSS AND BLUE SHIELD OF KANSAS
035	BLUE CROSS AND BLUE SHIELD OF KENTUCKY
529	BLUE CROSS AND BLUE SHIELD OF MAINE
033	BLUE CROSS AND BLUE SHIELD OF MARYLAND
363	BLUE CROSS AND BLUE SHIELD OF MASSACHUSETTS
778	BLUE CROSS AND BLUE SHIELD OF MINNESOTA
584	BLUE CROSS AND BLUE SHIELD OF MISSISSIPPI
521	BLUE CROSS AND BLUE SHIELD OF MISSOURI
617	BLUE CROSS AND BLUE SHIELD OF NEW JERSEY
582	BLUE CROSS AND BLUE SHIELD OF NEW JERSEY (HMO BLUE)
032	BLUE CROSS AND BLUE SHIELD OF NORTHERN VIRGINIA / DC
698	BLUE CROSS AND BLUE SHIELD OF OHIO
730	BLUE CROSS AND BLUE SHIELD OF PUERTO RICO
624	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA
940	BLUE CROSS AND BLUE SHIELD OF SOUTH CAROLINA (GREENVILLE)
031	BLUE CROSS AND BLUE SHIELD OF SOUTHWEST VIRGINIA
034	BLUE CROSS AND BLUE SHIELD OF TENNESSEE (CHATTANOOGA)
578	BLUE CROSS AND BLUE SHIELD OF TENNESSEE (MEMPHIS)
525	BLUE CROSS AND BLUE SHIELD OF TEXAS
030	BLUE CROSS AND BLUE SHIELD OF VIRGINIA
483	BLUE CROSS AND BLUE SHIELD OF WEST VIRGINIA (MOUNTAIN STA
567	BLUE CROSS AND BLUE SHIELD OF WISCONSIN
462	BLUE CROSS BLUE SHIELD OF NORTH CAROLINA
488	BLUE CROSS/BLUE SHIELD OF ALABAMA
539	BLUE CROSS-BLUE SHIELD - HIGHMARK (FORMERLY WESTEN PA)
738	BLUE CROSS-BLUE SHIELD OF NORTHERN PENNSYLVANIA
716	BLUE CROSS-BLUE SHIELD OF PENNSYLVANIA (CAPITAL)
489	BLUE CROSS-BLUE SHIELD OF PENNSYLVANIA (INDEPENDENCE)
024	BLUE RIDGE INSURANCE COMPANY
484	BMA- BUSINESS MEN'S ASSURANCE
333	BOILERMAKER NATIONAL HEALTH & WELFARE FUND
402	BOOKE AND COMPANY
499	BORDEN, INC.
623	BRENCO, INC.
218	BRHD RAILWAY CLERKS
217	BRICKLAYERS UNION
025	BUILDERS LIFE
782	BUNKER HILL FOODS, INC.
144	BUSINESS ADMINISTRATORS & CONSULTANTS
406	C AND A INSURANCE COMPANY

418	C AND O EMPLOYEES HOSP ASSOC
170	C&O RAILROAD
419	CAMPBELL TAGGART INC
463	CAPITAL CARE-BC/BS
390	CAPITOL AMERICAN LIFE INS CO
813	CARDAY ASSOCIATES
610	CAREMARK PRESCRIPTION SERVICE DIVISION
662	CARILION HEALTH PLANS
892	CARITEN INSURANCE CO
219	CARPENTERS UNION
347	CCEB TRUST
633	CELTIC LIFE INSURANCE CO.
746	CENTRA
953	CENTRA
629	CENTRA HEALTH BENEFITS
519	CENTRAL BENEFITS NATIONAL LIFE INS CO
640	CENTRAL CAROLINA WAREHOUSE GROUP
359	CENTRAL LIFE ASSURANCE COMPANY
205	CENTRAL RESERVE LIFE OF NORTH AMERICA INSURANCE COMP
052	CENTRAL STATES HEALTH AND LIFE INSURANCE COMPANY OF
710	CENTRAL UNITED LIFE INSURANCE CO.
296	CENTRAL VA RETAIL CLERK
263	CENTRAL VA UFCW
767	CHA HEALTH
040	CHAMPUS
041	CHAMPVA
409	CHARLES COMPANY EMPLOYEE BENEFIT TRUST
042	CHARTER SECURITY
474	CHESAPEAKE BAY FISHING CO.
043	CHESAPEAKE LIFE INSURANCE COMPANY
385	CHESTERFIELD RESORCE INC
352	CHOICE INS HLTH PLAN
579	CHUBB LIFEAMERICA INSURANCE COMPANY
292	CIF SERVICE CENTER
429	CIGNA
540	CIGNA
664	CIGNA - DELAWARE
783	CIGNA - NEW MEXICO
847	CIGNA HEALTH PLANS
480	CIGNA HEALTHCARE
845	CIGNA HEALTHCARE
848	CIGNA HEALTHCARE
850	CIGNA HEALTHCARE
852	CIGNA HEALTHCARE
854	CIGNA HEALTHCARE
855	CIGNA HEALTHCARE
856	CIGNA HEALTHCARE

858	CIGNA HEALTHCARE
859	CIGNA HEALTHCARE
893	CIGNA HEALTHCARE
918	CIGNA HEALTHCARE
924	CIGNA HEALTHCARE
925	CIGNA HEALTHCARE
648	CIGNA HEALTHCARE OF VIRGINIA
863	CIGNA INDEMNITY DENTAL
045	CITIZENS HOME
593	CLAIM MANAGEMENT SERVICES
526	CLAIMSWARE, INC.
756	CNA INSURANCE CO
349	CNS WHOLESALE GROCERY
796	COASTAL LUMBER HEALTH CARE
046	COASTAL STATES LIFE INSURANCE COMPANY
420	COBRA SERVICE
325	COLONIAL BENEFIT ADMINISTRATORS
047	COLONIAL LIFE AND ACCIDENT INSURANCE COMPANY
048	COLONIAL PENN INSURANCE COMPANY
598	COLUMBIA FOREST PRODUCTS
705	COLUMBIA HOSPITAL CORPORATION OF AMERICA
039	COLUMBIA MUTUAL
049	COMBINED INSURANCE COMPANY OF AMERICA
220	COMM WKRS OF AMER
794	COMMONWEALTH HEALTH ALLIANCE
037	COMMONWEALTH LIFE INSURANCE COMPANY OF KENTUCKY
805	COMMUNITY HEALTH
910	COMMUNITY HEALTHCARE
538	COMMUNITY MUTUAL INS CO
934	COMPANION LIFE
396	COMPREHENSIVE BENEFITS SERVICE CO INC
169	CONFED ADMIN SERVICES, INC
362	CONFEDERATION LIFE
050	CONNECTICUT GENERAL LIFE INSURANCE COMPANY
221	CONST GEN LAB UNION
038	CONSTITUTION LIFE INSURANCE COMPANY
688	CONSUMER DENTAL CARE
395	CONSUMERS UNITED LIFE INS CO
565	CONTINENTAL ASSURANCE COMPANY
051	CONTINENTAL CASUALTY COMPANY
503	CONTINENTAL GENERAL INS CO
670	CONTINENTAL LIFE AND ACCIDENT
280	CONTRACT DRIVERS INS TRU
380	CONTROL DATA SYSTEMS, INC. (CERIDIAN)
844	COOPERATIVE BENEFIT ADMINISTRATORS, INC.
556	CORESOURCE, INC
554	CORESOURCE, INC. (N. CAROLINA)

938	CORNING INC. HEALTH BENEFITS
486	CORPORATE BENEFITS SERVICE INC
725	CORPORATE HEALTH ADMINISTRATORS
404	CORPORATE SYSTEMS ADMINISTRATORS
627	COST MANAGEMENT TECHNOLOGIES
318	COSTAL HLTH CARE PLAN
297	COSTAL PLAIN INS
779	CRAWFORD & COMPANY
252	CROWN LIFE INSURANCE COMPANY
436	CRUM & FOSTER INS COMPANIES
791	CUNA MUTUAL INSURANCE COMPANY (CREDIT UNION)
400	DAN RIVER MILLS INC
065	DARDEN RESTAURANTS
826	DAVIS-GARVIN AGENCY
388	DAYSTORM LADD FURNITURE
963	DDP*DELTA
397	DEAN COMPANY EMPLOYEE
053	DEER
946	DELMARVA UNITED FOOD & COMMERCIAL WORKERS HLTH & WELF
884	DELTA DENTAL OF ARKANSAS
885	DELTA DENTAL OF PENNSYLVANIA
305	DELTA DENTAL PLAN OF VIRGINIA
675	DENTAL HEALTH ADMINISTRATIVE AND CONSULTING SERVICES
890	DISNEY GROUP, INC
533	DIVERSIFIED GROUP ADMINISTRATORS, INC
827	DIVERSIFIED PHARMACEUTICAL SERVICES, INC
876	DIVERSIFIED PHARMACEUTICAL SVC
638	DOANE PRODUCTS CO. GROUP BENEFITS
712	DONNKENNY APPAREL, INC. GROUP MEDICAL PLAN (TRIGON BC/
694	DONOVAN BENEFIT SYSTEMS, INC.
515	DUKE & CO - EMPLOYEE BENEFIT MANAGERS
557	DUKE BENEFITS SERVICES
057	DURHAM LIFE INSURANCE COMPANY
455	E. B. SERVICES, INC
602	E.B.C. MID-AMERICA
465	E.D.S.- ELECTRONIC DATA SYSTEM
901	EAGLE MANAGE CARE
060	EASTERN INSURANCE COMPANY
246	EASTERN MED SUPPLY POLIC
835	ECKARD HEALTH SERVICES
639	EDUCATORS MUTUAL LIFE
642	ELECTRICAL WELFARE TRUST FUND
597	ELECTRO-MECHANICAL CORP.
245	EMERSON ELEC BENE PLAN T
061	EMMCO INSURANCE COMPANY
772	EMPHEIS

267	EMPLOYEE BENEFIT CLAIMS
860	EMPLOYEE BENEFIT CLAIMS, INC.
518	EMPLOYEE BENEFIT MANAGEMENT CORP.
743	EMPLOYEE BENEFIT SERVICES, INC
692	EMPLOYEES PLAN, INC
498	EMPLOYERS HEALTH INSURANCE CO.
062	EMPLOYERS LIFE INSURANCE COMPANY OF WAUSAU
334	ENGINEERS UNION 106
702	EPOCH GROUP
307	EQUICOR
063	EQUITABLE LIFE ASSURANCE
064	EQUITY NATIONAL LIFE INSURANCE COMPANY
931	ERISA DESIGNED SYSTEMS ADMINISTRATION (EDSA)
308	ESMARK
902	EXPRESS SCRIPT VALUE RX
846	EXPRESS SCRIPTS, INC
695	EXPRESS SCRIPTS, INC.
676	FAISON INSURANCE ASSOCIATES
551	FCE BENEFIT ADMINISTRATORS
599	FEDERAL BLACK LUNG ASSOC.
693	FEDERAL EMPLOYEE BENEFITS - TRIGON BLUE CROSS-BLUE SHIELD
407	FEDERAL EXPRESS CORPORATION GROUP HEALTH ADMINISTRATION
070	FEDERAL HOME LIFE INSURANCE COMPANY
330	FEDERAL LIFE INS CO
072	FEDERATED LIFE INSURANCE COMPANY
861	FEDERATED MUTUAL INS CO.
679	FEDERATED MUTUAL INS.
073	FIDELITY BANKERS LIFE INSURANCE COMPANY
862	FIELDCREST CANNON, INC.
392	FIELDCREST MILLS
834	FINDLAY INDUSTRIES
074	FIREMANS FUND INSURANCE COMPANY
708	FIRST ALLMERICA FINANCIAL LIFE
272	FIRST CONTINENTAL LIFE & ACCIDENT INS CO
733	FIRST HEALTH
874	FIRST HEALTH
668	FIRST HEALTH - MARYLAND
536	FIRST HEALTH - UTAH
552	FIRST HEALTH ADVANTAGE -PROVIDIAN
941	FIRST OPTION HEALTH PLAN
077	FIRST VIRGINIA LIFE INSURANCE COMPANY
458	FLEETWOOD INDUSTRIES
373	FLORIDA ROCK INDUSTRIES
950	FMH BENEFIT SERVICES INC.
233	FOOD & COMM WKRS

282	FOOD HEALTH CARE
520	FORTIS BENEFITS INS CO
909	FORTIS BENEFITS INS. CO.
054	FOUNDERS LIFE ASSURANCE COMPANY
575	FOUNTAINHEAD ADMINISTRATORS, INC.
433	FRINGE BENEFIT REVIEW
445	G H I
587	GALLAGHER BASSETT
962	GALLAGHER BASSETT SERVICES INC
724	GATEWAY HEALTH ALLIANCE
082	GEN FIDELITY
367	GENERAL AMERICAN INS CO
369	GENERAL AMERICAN INSURANCE COMPANY
864	GENERAL AMERICAN LIFE INS CO.
601	GENERAL ELECTRIC MEDICAL BENEFITS
581	GENERAL HEALTH BENEFITS, INC.
259	GEORGE WASHINGTON LIFE INS CO
561	GEORGE WASHINGTON UNIVERSITY HEALTH PLAN
824	GEORGETOWN HEALTH PLAN
084	GEOTWN COM HTH PLAN
372	GLOBAL INS MANAGEMENT
537	GLOBE LIFE & ACCIDENT INSURANCE COMPANY
083	GLOBE LIFE INSURANCE COMPANY
928	GOLDEN RULE
394	GOLDEN RULE LIFE INS CO
699	GOODYEAR GROUP INS.
085	GOV EMP. LIFE INS
354	GOVERNMENT EMPLOYEES HOSPITAL ASSOCIATION
718	GRAPHIC COMMUNICATIONS AND NATIONAL HEALTH & WELFARE
238	GREAT AMERICAN INS CO
754	GREAT WEST
865	GREAT WEST
866	GREAT WEST
645	GREAT WEST LIFE & ANNUITY INSURANCE COMPANY
381	GREAT WEST LIFE ASSURANCE CO
384	GREAT WEST LIFE ASSURANCE CO PHILADELPHIA BENEFIT PAY
669	GREAT WEST LIFE ASSURANCE CO. - PITTSBURGH
109	GREAT WEST LIFE ASSURANCE CO. -MARYLAND
809	GREAT WEST LIFE ASSURANCE CO.-OHIO
361	GREAT WESTERN
513	GROUP BENEFITS SERVICES
912	GROUP DENTAL SERVICE
947	GROUP H PENSION ADMINISTRATOR
427	GROUP HEALTH ADMINISTRATORS
066	GROUP HEALTH ASSOCIATION INC
058	GROUP HEALTH ASSOCIATION INC

476	GROUP HEALTH COOPERATIVE
573	GROUP INSURANCES SERVICES
867	GROUP RESOURCES, INC.
507	GUARANTEE MUTUAL LIFE INS CO
257	GUARANTEE RESERVE LIFE INSURANCE COMPANY
059	GUARANTEE TRUST LIFE INSURANCE COMPANY
067	GUARDIAN LIFE INSURANCE COMPANY OF AMERICA
086	GULF LIFE INSURANCE COMPANY
328	H J WILLIAMS COMPANY INS
450	H.L. DUKE & CO.
247	HARDEN & CO
571	HARRINGTON BENEFIT SERVICES
090	HARTFORD LIFE INSURANCE COMPANY
377	HARVEST LIFE INS CO
833	HEALTH ALLIANCE PLAN
320	HEALTH AMERICA
068	HEALTH BENEFIT ADMINISTRATORS
251	HEALTH CARE ADINISTRATORS, INC
432	HEALTH CLAIM SERVICES
603	HEALTH NETWORK AMERICA
759	HEALTH PLAN SERVICES, INC
678	HEALTH PLANS, INC
461	HEALTH PLUS
527	HEALTH RISK MANAGEMENT (PREFERRED CARE)
545	HEALTH SOURCE INS GROUP
485	HEALTH STRATEGIES
487	HEALTHKEEPERS
715	HEALTHSOURCE PROVIDENT
590	HEALTHSOURCE PROVIDENT (MEDICAL)
583	HEALTHTRUST
683	HEATAC, INC.
382	HECHINGER ATTN: BENEFIT OFFICE
091	HERALD LIFE INSURANCE COMPANY
371	HERITAGE NATL HLTH PLAN
752	HEWITT, COLEMAN, & ASSOCIATES
387	HILTON NEVADA CORPORATION GROUP HEALTH BENEFIT
365	HLTH CARE PLAN ADMIN
332	HMO OF PENNSYLVANIA
548	HMO OF VIRGINIA
319	HMO PLUS
651	HOLSTON VALLEY MEDICAL CENTER
092	HOME BENEFICIAL LIFE INSURANCE COMPANY
383	HOME BUILDERS ASSOCIATES OF VA HEALTH BENEFIT TRUST
564	HOME LIFE GROUP BENEFITS & SERVICES, INC.
093	HOME LIFE GROUP BENEFITS AND SERVICES INC
857	HOOKE FURNITURE
366	HORACE MANN INS CO

302	HORSEMEN BEN & PROT ASSO
951	HRM CLAIM MANAGEMENT INC.
314	HRSA/ILA
375	HUDSON GROUP ADMINIS
393	HUDSON GROUP ADMINISTRATOR INC
785	HUMANA EMPLOYERS HEALTH
577	HUMANA HEALTH PLAN
312	HUMANA INS PROVIDERS
076	HUNT TAYLOR
360	IBEX BENEFITS
079	IDEAL MUTUAL
081	INA BENFIT SER
099	INDEPENDENCE
088	INDEPENDENT LIFE AND ACCIDENT INSURANCE COMPANY
700	INDIANAPOLIS NEWSPAPERS INC.
943	INSURERS ADMINISTRATORS
466	INSUREX BENEFITS
222	INT ASSO MACHINISTS
223	INT BRHD ELECT WKRS
224	INT UN. OP ENGINEERS
100	INTEGON LIFE INSURANCE CORPORATION
101	INTEGRITY NATIONAL LIFE INSURANCE COMPANY
750	INTERACTIVE MEDICAL SYSTEMS
146	INTERCARE BENEFIT SYSTEMS
821	INTER-RAIL TRANS. INC.
102	INTER-STATE ASSURANCE COMPANY
103	INVESTORS
225	IRON WORKERS TRUST FUND
189	ITPE-NMU
431	ITT HARTFORD LIFE & ANNUITY INS CO
080	ITT LIFE INSURANCE CORPORATION
311	J P KENNEDY INS CO
162	JC PENNY LIFE INS CO
435	JEFFERSON PILOT C/O AMPRO FISHERIES
165	JEFFERSON PILOT LIFE INS CO
600	JEFFERSON PILOT LIFE INS CO (TN)
868	JEFFERSON PILOT LIFE INS.
790	JEFFERSON-PILOT (BLUE RIDGE ADMINISTRATORS)
964	JFP BENEFIT MANAGEMENT, INC.
356	JOHN ALDEN LIFE INS CO
870	JOHN ALDEN LIFE INS. CO.
650	JOHN DEERE HEALTH CARE
895	JOHN DEERE HEALTHCARE
448	JOHN DEERE LIFE INS CO
649	JOHN HANCOCK
475	JOHN HANCOCK INS CO
107	JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY



877	JOHN P. PEARL & ASSOC.
596	JONBIL, INC.
659	JONES, HILL & MERCER EMPLOYEE BENEFITS
376	KAISER PERMANENTE
869	KAISER PERMANENTE
937	KAISER PERMANENTE
871	KANAWHA HEALTHCARE SOLUTIONS
492	KANAWHA INSURANCE CO.
801	KEMPER NATIONAL INSURANCE COMPANY
110	KENTUCKY CENTRAL LIFE INS CO
773	KENTUCKY UTILITIES COMPANY
111	KEY LIFE
253	KEYSTONE INS CO
697	KIRK VAN ORSDEL, INC.
343	KISER GEORGETOWN INS
295	KISER INSURANCE CO
055	KLAIS & COMPANY
717	L & H ADMINISTRATORS
657	LABORERS DISTRICT COUNCIL HLTH & WELFARE TRUST FUND NO
095	LABORERS DISTRICT COUNCIL OF VA HLTH & WELFARE TRUST
634	LADD MEDICAL CLAIMS DEPT.
815	LAND-O-SUN DAIRIES, INC.
416	LANE COMPANY INC HEALTH CARE PLAN
441	LAWRENCE MUSGROVE ASSOC.
115	LIBERTY LIFE INS CO
116	LIBERTY NATIONAL LIFE INS CO
117	LIFE & CASUALTY INS CO OF TENNESSEE
358	LIFE & HEALTH INS CO OF AMERICA
118	LIFE INS CO OF GEORGIA
119	LIFE INS CO OF NORTH AMERICA
606	LIFE INSURANCE COMPANY OF NORTH AMERICA
096	LIFE INVESTORS INSURANCE COMPANY OF AMERICA
121	LINCOLN INCOME LIFE INS CO
401	LINCOLN NATIONAL LIFE INS CO
775	LINE CONSTRUCTION BENEFIT FUND (LINECO)
769	LITTLE CAESAR FRANCHISEE BENEFIT PLAN
122	LONE STAR LIFE INSURANCE COMPANY
423	LONG - AIR DOX CO
338	LOYAL AMERICAN LIFE INSURANCE COMPANY
123	LUMBERMENS
228	MAIL HAND WTMEN MSGR
351	MAIL HANDLERS BENEFIT PLAN
818	MAKSIN MANAGEMENT CO.
609	MAMSI
875	MAMSI
468	MAMSOVA

685	MANAGED PRESCRIPTION SERVICES
641	MANAGE-MEDICAL- CLAIMSWARE
637	MANCHESTER GROUP HEALTH PLAN
656	MANPOWER
630	MAN-U SERVICE CONTRACT TRUST FUND BENEFIT ACCOUNT
822	MANUS, INC.
128	MARYLAND LIFE
658	MASS MUTUAL UNICARE
129	MASSACHUSETTS GENERAL LIFE INS CO
130	MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY
131	MAYFLOWER NATIONAL LIFE INSURANCE COMPANY
439	MCDONOUGH-CAPERTON BENEFIT SERVICE
762	MCELROY METAL MILL, INC
619	MCKEE FOODS GROUP BENEFITS
958	MD HEALTH PLAN
132	MED INDEMNITY CO
838	MEDCO/PAID PRESCRIPTION
607	MEDICAL CLAIMS MANAGEMENT CORPORATION
403	MEDICAL DOCTORS INDIVIDUAL PRACTICE ASSOCIATION
428	MEDICAL FACILITIES OF AMERICA INC
956	MEDICAL MUTUAL OF OHIO
001	MEDICARE - PART A
999	MEDICARE- PART B
666	MEDICARE- PART B- RAILROAD
935	MEDICHOICE
097	MEDICO LIFE INSURANCE COMPANY
900	MEDIMPACT
755	MEDIPLAN
707	MEDIPLUS
604	MENNONITE MUTUAL AID
644	MET LIFE DENTAL
853	MET LIFE DENTAL
479	METLIFE (METROPOLITAN)
608	METRA HEALTH/RAILROAD ACCOUNTS
555	METRAHEALTH
690	METRAHEALTH
961	METRA-HEALTH ESSILOR OF AMERICA
075	METRO MACHINE CORP
133	METROPOLITAN CASUALTY INSURANCE COMPANY
524	METROPOLITAN LIFE INSURANCE CO
720	METROPOLITAN LIFE INSURANCE CO (ILLINOIS)
562	METROPOLITAN LIFE INSURANCE COMPANY (DELAWARE)
611	MID-ATLANTIC MEDICAL SERVICES, INC.
134	MIDLAND MUTUAL LIFE INSURANCE COMPANY
135	MID-SOUTH INS CO
136	MID-STATES
137	MIDWEST NATIONAL INS CORP

873	MID-WEST NATIONAL LIFE INS. CO. OF TENNESSEE
226	MILLWRIGHTS UNION
098	MONTGOMERY WARD LIFE INSURANCE COMPANY
322	MONUMENTAL GENERAL INS CO
262	MONUMENTAL LIFE INS CO
273	MOUNTAIN TRAIL INSURANCE
139	MUTUAL LIFE
138	MUTUAL OF OMAHA INS CO
807	MVP SELECT CARE, INC
353	MWH MEDICORP MEDICAL PLN
298	N N INVESTORS LIFE INS
591	NASI WELFARE FUND
143	NATIONAL AMERICAN LIFE INSURANCE COMPANY OF PENNSYLVAN
497	NATIONAL ASSOCIATION OF HOME BUILDERS
227	NATIONAL ASSOCIATION OF LETTER CARRIERS
108	NATIONAL BENEFIT LIFE INS CO
473	NATIONAL BENEFIT PLANS
114	NATIONAL CASUALTY CO
071	NATIONAL CLAIM ADMINISTRATOR SERVICE (NCAS)
820	NATIONAL ELEVATOR INDUSTRY HEALTH PLAN
174	NATIONAL FINANCIAL
207	NATIONAL FOUNDATION LIFE INS CO
464	NATIONAL HEALTH INS CO
145	NATIONAL HOME LIFE ASSURANCE CO
258	NATIONAL LIBERTY LIFE
113	NATIONAL LIFE & ACCIDENT INS CO
147	NATIONAL LIFE INSURANCE COMPANY
696	NATIONAL PRESCRIPTION ADMINISTRATORS-NPA
148	NATIONAL SAVINGS LIFE INS CO
105	NATIONAL SENIOR CITIZENS GROUP
568	NATIONAL TELEPHONE COOPERATIVE ASSOCIATION/GRP HEALT
932	NATIONAL TEXTILES
106	NATIONAL TRAVELERS LIFE CO
149	NATIONAL UNION FIRE INS CO OF PITTSBURGH, PA
506	NATIONWIDE LIFE INS CO
150	NATIONWIDE LIFE INSURANCE CO.
112	NATL ACCIDENT & HLTH
104	NATL ASSOC GOVER EMPLOY
342	NATL CAPITAL ADMIN SERVC
274	NATL HOME HEALTH
278	NATL LEAGUE OF POSTMAST
190	NETWORK HEALTH PLAN CORPORATION
654	NETWORK INSURANCE, INC.
955	NEW ENGLAND FINANCIAL
271	NEW ENGLAND GENERAL LIFE INS CO
625	NEW RIVER INDUSTRIES, INC.

776	NEW YORK LIFE
151	NEW YORK LIFE INSURANCE COMPANY
612	NEW YORK LIFE/HEALTH PLUS
264	NEWPORT NEWS SHIPYARD
434	NGS AMERICAN
616	NOBEL GROUP BENEFITS
502	NOBLE, LOUNDES, & JOHNSON
152	NORTH AMERICAN INS CO
370	NORTH BROOK INSURANCE
289	NORTH CAROLINA MUTUAL LIFE INSURANCE COMPANY
327	NORTHEAST DELTA INSURANC
412	NORTHERN GROUP SERVICES INC
153	NORTHWESTERN NATIONAL LIFE INS CO
003	NOT LISTED
449	NRECA NAT'L ROYAL ELECTRIC CORP ASSO
141	NYHART (WYNN'S PRECISION)
761	NYL CARE
156	OCCIDENTAL
261	OLD AMERICAN INS CO
414	OLD SURETY LIFE OF TEXAS
309	OPTIMA HEALTH PLAN
765	OPTIMUM CHOICE
878	OPTIMUM CHOICE
443	OPTIMUM CHOICE, INC
157	OPTOMETRIC SERV CORP
124	ORANGE STATE LIFE AND HEALTH INSURANCE COMPANY
036	OTHER BC/BS
368	OXFORD LIFE INSURANCE COMPANY
415	PACIFIC FIDELITY LIFE INS CO
879	PACIFIC MUTUAL
303	PACIFIC MUTUAL LIFE INS CO
459	PAID PRESCRIPTION PROGRAM
500	PAN AMERICAN LIFE INS CO
572	PARTNERS NATIONAL HEALTH PLANS OF N.C.
831	PARTNERS OF NORTH CAROLINA, INC.
160	PAUL REVERE LIFE INSURANCE COMPANY THE
440	PCS HEALTH SYSTEM, CLAIMS
749	PENINSULA HEALTHCARE
161	PENN MUTUAL LIFE INS CO
594	PENN WESTERN BENEFITS, INC.
260	PENNSYLVANIA LIFE INS CO
163	PENSION LIFE INS CO OF AMERICA
094	PEOPLE SECURITY INSURANCE CO
125	PEOPLES SECURITY LIFE INSURANCE COMPANY
888	PHARMACARE
837	PHARMACY ADVANTAGE SYSTEMS
558	PHARMACY NETWORK NATIONAL CORPORATION

595	PHILADELPHIA AMERICAN LIFE INSURANCE CO.
814	PHOENIX GROUP SERVICES
514	PHOENIX MUTUAL LIFE INS.
457	PHYSICIANS ASSOC.
164	PHYSICIANS LIFE INSURANCE COMPANY
265	PHYSICIANS MUTUAL INS CO
508	PIECE GOOD SHOPS, INC - SELF INSURED
535	PIEDMONT ADMINISTRATORS
687	PIEDMONT COMMUNITY HEALTH PLAN
880	PIEDMONT COMMUNITY HEALTH PLAN
917	PIEDMONT COMMUNITY HEALTH PLAN
823	PILGRIM HEALTH CARE
166	PIONEER LIFE INS CO OF IL
793	PITTMAN & ASSOCIATES
398	PLANNED ADMINISTRATOR INC
229	PLAST & CEMENT
230	PLUMBERS & STEAMFITTERS
517	PLUMBERS AND PIPEFITTERS MEDICAL FUND
741	POSITIVE CARE ADMINISTRATORS
214	POSTAL WKRS UNION
306	POSTMASTERS BENEFIT PLAN
615	POWELL MOUNTAIN COAL COMPANY, INC.
788	PREFERRED HEALTH PLAN, INC
799	PRIMARY HEALTH SERVICES
810	PRIMARY PHYSICIAN CARE
919	PRINCIPAL FINANCIAL
920	PRINCIPAL FINANCIAL
921	PRINCIPAL FINANCIAL
922	PRINCIPAL FINANCIAL
923	PRINCIPAL FINANCIAL
881	PRINCIPAL FINANCIAL GROUP
905	PRINCIPAL FINANCIAL GROUP
745	PRINCIPAL HEALTH CARE OF THE MID-ATLANTIC
391	PRINCIPAL MUTUAL LIFE INS CO
496	PRIORITY HEALTH CARE, INC. (HEALTHKEEPERS)
344	PRIVATE HEALTH CARE SYS
553	PROFESSIONAL CLAIM ADMINISTRATORS, INC. (PROCLAIM)
908	PROFESSIONAL CLAIMS MGMT
126	PROTECTIVE LIFE INS CO
706	PROVANTAGE
167	PROVIDENT LIFE & ACCIDENT INS CO
781	PROVIDENT LIFE & ACCIDENT INS CO - S.CAROLINA
589	PROVIDENT LIFE AND ACCIDENT/CW HEALTHCARE
410	PROVIDERS ALLCARE ADM
357	PROVIDERS ALLCARE ADMINISTRATORS
830	PROVIDIAN LIFE AND HEALTH INSURANCE
326	PRUCARE

339	PRUDENTIAL AUTO DEALER
748	PRUDENTIAL HEALTHCARE
899	PRUDENTIAL HEALTHCARE
904	PRUDENTIAL HEALTHCARE DENTAL
740	PRUDENTIAL HEALTHCARE GROUP
727	PRUDENTIAL INS CO (ALBANY)
168	PRUDENTIAL INS CO OF AMERICA
906	PRUDENTIAL INSURANCE
907	PRUDENTIAL INSURANCE
643	PRUDENTIAL INSURANCE COMPANY
686	PULASKI FURNITURE CORPORATION
321	QUAKER CITY
721	QUALCHOICE OF N. CAROLINA
560	QUALCHOICE OF VIRGINIA
266	REINSURED LEX GROUP INS
172	RELIANCE
719	RELIASTAR (PRESTO PRUDUCTS #18711-9)
173	REPUBLIC AMERICAN LIFE INS CO
948	RESERVE NATIONAL INSURANCE CO
417	REYNOLDS METALS INSURANCE
283	RICHMOND BENEFICIAL LIFE
655	ROCCO BENEFITS
315	ROLLINS INS CO
408	ROSES INTERACTIVE MEDICAL SYSTEMS
481	ROSES, INC
175	ROYAL GLOBE
949	RURAL CARRIER BENEFIT
523	RURAL ELECTRIC GROUP INSURANCE ADMINISTRATOR
945	RX NET
851	RX PRIME
180	SAFECO
936	SAI MEDICAL HEALTH
478	SAVERS LIFE INS CO
181	SCHOLASTIC
916	SCRIPT CARE
348	SEA FARERS
345	SECARE 65
438	SECURITY LIFE INS CO OF AMERICA
340	SECURITY TRUST LIFE INS CO OF GA
386	SECURITY TRUST LIFE INS CO OF GA
456	SELF FUNDED PLANS, INC
817	SELF FUNDING ADMINISTRATORS
635	SELF INSURED SERVICES CO.
171	SENIOR AMER
389	SENTARA HEALTH PLAN
158	SENTRY LIFE INS CO
471	SERVICE BENEFIT PLAN RETAIL PHARMACY PROGRAM

959	SERV-U PRESCRIPTION SERVICES
411	SETTLERS LIFE INS CO
231	SHEET METAL WORKERS' LOCAL 100
915	SHEFFIELD OLSON & MCQUEEN INC
183	SHENANDOAH LIFE INSURANCE COMPANY
636	SHOOSMITH BROTHERS INC. HEALTH PLAN
954	SIMA/SOUTHERN INSURANCE MGMT. ASSOC.
576	SINGER FURNITURE - ROANOKE
310	SMITHFIELD FOOD HEALTH PLAN
960	SOUTH WEST INSURANCE
757	SOUTHAMPTON MEMORIAL HOSPITAL - VICARE ADM SERVICES
142	SOUTHEAST LIFE
894	SOUTHEASTERN PIPETRADERS HEALTH & WELFARE FUND/LOCAL
811	SOUTHEASTERN PIPETRADES HEALTH & WELFARE FUND
184	SOUTHERN AID LIFE INSURANCE COMPANY INCORPORATED
504	SOUTHERN BENEFIT SERVICE
460	SOUTHERN HEALTH INSURANCE
653	SOUTHERN HEALTH TPA
285	SOUTHERN LUMBER MANF SPE
185	SOUTHLAND LIFE INS CO
186	SOUTHWEST GENERAL
155	SOUTHWESTERN LIFE INSURANCE COMPANY
898	SPECTERA
580	SPECTRUM ADMINISTRATORS
290	SPERRY MARINE SYSTEM
714	SRX PHARMACY SPECIALISTS
732	STANDARD INSURANCE COMPANY
159	STANDARD LIFE SECURITY INS CO OF NY
770	STARBRIDGE/STAR HUMAN RES. GRP.
665	STARMARK
187	STATE FARM FIRE & CASUALTY CO
620	STATE FARM INSURANCE
510	STATE FUND WORKER'S COMPENSATION INS.
341	STATE MUTUAL INS CO OF AMERICA
337	STOUFERS CONCOURSE HOTEL
672	STRATEGIC RESOURCE COMPANY
299	STUDENT ACCIDENT PROTECT
188	SUN LIFE ASSURANCE CO OF CANADA
437	T.P.A. OF GEORGIA
677	TEACHERS' & STATE EMPLOYEES'
346	TEACHERS PROTECTIVE MUTUAL LIFE INS CO
232	TEAMSTERS JOINT COUNCIL NO.83 OF VIRGINIA
378	TENNESSEE COMPANY GROUP
952	THE BOARD OF PENSIONS
787	THE CENTENNIAL LIFE INSURANCE COMPANY
044	THE CITADEL LIFE INSURANCE COMPANY

747	THE DARBY CHOICE PROGRAM
078	THE FRANKLIN LIFE INSURANCE COMPANY
652	THE GUARDIAN
501	THE GUARDIAN
541	THE GUARDIAN
774	THE GUARDIAN (WASHINGTON)
120	THE LIFE INSURANCE COMPANY OF VIRGINIA
089	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY
528	THE MEGA LIFE & HEALTH INS CO
294	THE MINISTERS & MISSIONARIES BENEFIT BOARD
452	THE MUTUAL GROUP
704	THE NEW ENGLAND CARE HEALTH PLAN
304	THE OHIO STATE LIFE INSURANCE COMPANY
516	THE PRINCIPAL FINANCIAL GROUP
127	THE PYRAMID LIFE INSURANCE COMPANY
804	THE TPA
605	THE TRAVELERS - MANAGED CARE SYSTEM
317	TIME INSURANCE COMPANY
470	TOWER LIFE INSURANCE CO.
530	TPA OF FORT WORTH
281	TRANS AMER ACCIDENTAL LF
192	TRANS-GENERAL LIFE INS CO
405	TRANSPORT LIFE INS CO
379	TRANSPORT LIFE INSURANCE COMPANY
193	TRAVELERS
495	TRAVELERS
586	TRAVELERS PLAN ADMINISTRATOR OF TENNESEE
547	TRAVELERS-DENTAL-NEW YORK
543	TRAVELERS-NEW YORK
728	TRIGON ADMINISTRATORS - NC
182	TRIGON ADMINISTRATORS - VA
176	TRUST
816	TUCKER ADMINISTRATOR
944	TUFTS BENEFIT ADMINISTRATORS
194	TWENTIETH CENTURY LIFE INS CO
671	TYSON FOODS, INC
742	TYSON FOODS, INC - TEMPERANCEVILLE
291	U S DEPT OF LABOR BLK LG
335	U S FIDELITY & GUARANTY
618	U S HEALTHCARE
911	UFCW
154	UFCW HEALTH & WELFARE FUND
883	ULTRA LINK
777	UNICARE
886	UNICARE
926	UNICARE
929	UNICARE



903	UNICARE DENTAL
930	UNICARE DENTAL
766	UNICARE GROUP CLAIMS
887	UNIFI, INC./MEDCOST
178	UNION BANKERS INS CO
196	UNION CENTRAL LIFE INSURANCE COMPANY THE
324	UNION FEDERAL NATIONAL
284	UNION FIDELITY LIFE INS CO
177	UNION LABOR LIFE INS CO
323	UNION LIFE/HOSP INDEMNIT
286	UNION PLAN ADMINISTRATIO
200	UNION SECURITY LIFE INSURANCE COMPANY
201	UNITED AMERICAN INS CO
255	UNITED BENEFIT LIFE INS CO
191	UNITED CHAMBER ASSUR PLN
179	UNITED EQUITABLE INSURANCE COMPANY
198	UNITED FAMILY LIFE INSURANCE COMPANY
202	UNITED FIRE INSURANCE COMPANY
425	UNITED FURNITURE WORKERS INS FUND
764	UNITED HEALTH CARE
942	UNITED HEALTH CARE
768	UNITED HEALTHCARE
819	UNITED HEALTHCARE
760	UNITED HEALTHCARE ADMINISTRATORS
703	UNITED HEALTHCARE CORPORATION
927	UNITED HEALTHCARE OF MIDWEST
206	UNITED INS CO OF AMERICA
544	UNITED MEDICAL RESOURCES, INC
203	UNITED MINE WORKERS OF AMERICA HEALTH AND RETIREMENT
277	UNITED OF OMAHA LIFE INSURANCE COMPANY
234	UNITED PAPERWKRS
472	UNITED STATES LIFE INS CO
235	UNITED STEELWKRS
204	UNIVERSAL LIFE INS CO
882	UNIVERSAL RX
753	USA HEALTH NETWORK
199	USAA LIFE INS CO
197	USAF DEPT OF DEFENSE
240	VA DENTAL PLAN
300	VA DENTAL SERVICE PLAN
241	VA FARM BUR MUT
276	VA INDEPENDENT COAL CORP
242	VA MUT BENEFIT
243	VA SURETY CO
751	VALUE BEHAVIORAL HEALTH
570	VALUE RX
268	VETERANS LIFE INS CO

374	VETERANS OF FOREIGN WARS
798	VICARE
832	VICARE
965	VIRGINIA CHARTERED HEALTH PLAN
256	VIRGINIA HEALTH AND ACCIDENT ASSOCIATION
701	VIRGINIA HEALTH NETWORK
293	VIRGINIA PLAN
684	VIRGINIA SPRINKLERS
839	VISION ONE
889	VISION SERVICE PLAN
244	VOLUNTEER ST
355	VULCAN LIFE INS CO
015	WALMART ASSOC HLTH PLAN
236	WAREHOUSE EMP
269	WASHINGTON AREA CORP CAR
673	WASHINGTON GAS & LIGHT CO.
288	WASHINGTON NATIONAL INS CO
442	WASHINGTON POST - SELF INSURER
509	WASHINGTON WHOLESALERS INSURANCE COMPANY
248	WAUSAU INS COMPANIES
270	WAYNE ADMIN GROUP INS
301	WEAVER ASSOCIATES
613	WEIMAN UPHOLSTERY
957	WELS VEBa HEALTH PLAN GROUP ASSOCIATE FOR HEALTHCARE
208	WESTERN AND SOUTHERN LIFE INS CO
249	WESTERN NATIONAL LIFE INSURANCE COMPANY
350	WEYERHAEUSER GROUP INS
631	WILLIAM TALLEY SIGN CO.
275	WILLIS CORROON ADMINISTRATIVE SERVICES
592	WILLSE & ASSOCIATES, INC.
014	WILSET ASSOCIATES INS
723	WISCONSIN PHYSICIANS SERVICE/INSUR-TEC
287	WOODMEN OF THE WORLD LIFE INS SOCIETY
802	WORKMANS OIL INC. (ACS GROUP)
250	WORLD INSURANCE COMPANY
803	WYNN'S
254	YOUTHGUARD
209	ZEBa TRUST

## TYPE OF COVERAGE CODES

<u>Code</u>	<u>Type of Coverage</u>
<b>A</b>	<b>Hospital</b>  Covers room and board, radiographs, lab tests, and other charges while the policyholder is a hospital inpatient.
<b>B</b>	<b>Medical/Surgical</b>  Covers lab, radiograph, and surgery performed by a doctor or a clinic.
<b>C</b>	<b>Hospital and Surgical</b>  Combination of A and B.
<b>D</b>	<b>Hospital, Surgical, and Major Medical</b>  Combination of A and B plus major medical. Major medical covers such items as office visits, prescription drugs, and medical supplies and usually requires a specified deductible.
<b>E</b>	<b>Medical/Surgical and Major Medical</b>  Combination of B with major medical.
<b>G</b>	<b>HMO (Health Maintenance Organization)</b>  Prepaid health plan for services at a specified clinic
<b>H</b>	<b>Medicare Part B</b>  SMI - Supplemental Medical Insurance, covers physician services, outpatient services, Home Health Care, some medical supplies (Most beneficiaries with Part A coverage will be entitled to Part B, since Medicaid will buy-in Part B premiums. Beneficiaries with a Medicare claim number ending in "M" will be eligible for Part B only.)
<b>J</b>	<b>Medicare Part A</b>  HI - Hospital Insurance covers inpatient hospital services and a limited number of skilled care days.
<b>K</b>	<b>Medicare Extended</b>  A commercial policy that supplements Medicare. Covers a percentage of Medicare coinsurance and deductible.
<b>L</b>	<b>Medicare Extended Plus Major Medical</b>  K plus Major Medical - Additional coverage includes prescription drugs and some items not covered by Medicare and usually requires a deductible for services covered by major medical.

<u>Code</u>	<u>Type of Coverage</u>
<b>M</b>	<b>CHAMPUS</b>  Civilian Health and Medical Program for Uniformed Services. Covers dependents of individuals on active duty or retired from the military.
<b>N</b>	<b>FEP (Federal Employee Program)</b>  Covers current and retired federal employees. Includes hospital, surgical, and major medical coverage.
<b>P</b>	<b>Income Protection (Indemnity Policy)</b>  Pays a predetermined amount to the beneficiary while confined to a hospital.
<b>Q</b>	<b>Cancer Insurance</b>  Covers certain medical expenses only if the beneficiary is treated for cancer.
<b>R</b>	<b>Prescription Policy</b>  Pays for prescription drugs. Usually a small deductible is required for each prescription.
<b>S</b>	<b>School and Accident Policies</b>  Covers certain medical expenses only if the beneficiary is injured at school or receives an accidental injury.
<b>T</b>	<b>Dental Insurance</b>  Covers specified dental care.
<b>U</b>	<b>Court-Ordered Medical Care by Absent Parent</b>
<b>V</b>	<b>Vision Care</b>  Covers specified vision care. This coverage usually includes eye exams, glasses, and contact lenses.
<b>W</b>	<b>Workers' Compensation</b>  Covers medical care for on-the-job injury. This care must be performed by a specified provider or clinic.
<b>Z</b>	<b>Coverage by an absent parent</b>